



FORMS



ND FBLA Collegiate State Officer Application*

Please key this form.

**All information requested is purely voluntary on the part of the applicant and will not be used for determining the applicant's qualifications for a North Dakota FBLA State Chapter office.*

School attending in 2024-25				Office sought <input type="checkbox"/> President <input type="checkbox"/> Vice President	
Class next year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student					
Name			Current mailing address		
City	State	Zip	Phone		
E-mail					
Summer mailing address					Phone
Person to contact in an emergency				Relationship	
Address		City	State	Zip	Phone
FBLA Collegiate activities					
College Major	College Minor			Have you completed or are you enrolled in at least one business course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to attend all meetings of the State Executive Council: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you employed in a part-time job while attending college? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of hours you usually work per week		Name of employer	
If you are employed, will your employer allow you time off to attend state planning meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Candidate's signature			Adviser's signature		

Postmark or email this form by the designated date to:

Jessica DeVaal
Career and Technical Education
600 E. Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
jdevaal@nd.gov



Who's Who Award

Every FBLA Collegiate chapter should name at least one member to receive the Who's Who award. Every chapter has a winner. State FBLA Collegiate officers are *not* to be local chapter winners. They receive the award automatically. This award should be given to the person most deserving for service to the local FBLA Collegiate chapter, not necessarily the president, but the member who is always present, always willing to help, etc.

Chapters may have one or more Who's Who recipients.

School Name	Adviser's Signature
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1	Name of Student Receiving Award (please print)
2	Name of Student Receiving Award (please print)

DO NOT LIST STATE OFFICERS

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**Allison Grenz
Career and Technical Education
600 E. Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
algrenz@nd.gov**



ND FBLA Collegiate Adviser Length of Service Award Application

In order to continue the Chapter Adviser Years of Service Award at the state and national level, we need information from each adviser regarding total (broken or continuous) years of service as an FBLA Collegiate adviser. Advisers will be recognized at the State Leadership Conference for 5, 10, 15, 20, and 25 years of service.

If you are eligible for an award this year **and wish to receive the award**, you must complete this form and return it to the state FBLA office by the date indicated.

If you are not eligible for an award this year, you don't need to complete this form.

Name	School
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I have a total of _____ years of service (including this year) as an FBLA Collegiate chapter adviser as follows:

From (month/year)	To (month/year)	School Name
From (month/year)	To (month/year)	School Name
From (month/year)	To (month/year)	School Name

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Businessperson of the Year or Honorary Membership Nomination

No pictures, be brief. State reasons on this form only.

Name of Nominee	
Complete Mailing Address of Nominee	Telephone
E-mail Address of Nominee	
Nominated for: <input type="checkbox"/> Honorary Membership <input type="checkbox"/> Businessperson of the Year	
Statement of why the nominee should receive the award:	
Submitted by	
Chapter	
<i>NOTE: You will be notified if candidate is selected. If you do not receive notification, the person was not selected as State Businessperson of the Year or Honorary Member. You may give this person an award from your chapter if you wish.</i>	

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FBLA Collegiate Alumni of the Year Nomination

No pictures, be brief. State reasons on this form only.

Name of Nominee	
Complete Mailing Address of Nominee	Telephone
E-mail Address of Nominee	
Years of Participation in FBLA Collegiate:	
Statement of why the nominee should receive the award:	
Quote from nominee about FBLA Collegiate's impact on their life/career:	
Submitted by	Chapter
<i>NOTE: You will be notified if candidate is selected. If you do not receive notification, the person was not selected as FBLA Collegiate Alumni of the Year. You may give this person an award from your chapter if you wish.</i>	

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Largest Percentage of Retention in Local Chapter Membership (North Dakota Only Event)

School Name and City:

Please fill out the information below. Membership retention will be verified using the National membership records.

Number of Members Retained from 2022-2023 to 2023-2024:
Percentage of Retention:

(To calculate the percentage of retention, divide the number of members retained by the current number of members.)

List names of members retained from 2022-2023 to 2023-2024:
(Attach additional sheet if necessary)

1.	10.
2.	11.
3.	12.
4.	13.
5.	14.
6.	15.
7.	16.
8.	17.
9.	18.

Signature of Chapter President:	Signature of Chapter Adviser:
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North Dakota Collegiate Perks Entry Form (2023-2024)

Chapter:	
Chapter President's Signature:	
Adviser's Signature:	

PLEASE MAKE SURE SUPPORTING DOCUMENTS ARE ATTACHED TO THIS FORM

- Platinum Level – Complete six (6) Level I Activities and fifteen (15) Level II Activities.
- Gold Level - Complete four (4) Level I Activities and eight (8) Level II Activities.
- Silver Level - Complete three (3) Level I Activities and six (6) Level II Activities.
- Bronze Level - Complete two (2) Level I Activities and four (4) Level II Activities.

Level I Activities

1. Have at least 80% of the local membership register for the State Leadership Conference.
2. Hold an FBLA Collegiate recruitment booth during your college's involvement fair. **Attach three (3) photos and a minimum 100-word summary. The recruitment booth must be held during the 2023-24 membership year.**
3. Submit a chapter spotlight report for a chapter activity for publication on North Dakota FBLA Collegiate social media. **Submit the report to a State Officer to be linked to the state site. Please include a summary of a minimum of 100 words and three (3) photos.**
4. At least 20% of members complete a level of the FBLA Collegiate Excellence Awards.
5. Secure a competitive event sponsor. **Attach the sponsorship form.**
6. Have a candidate run for state or national office.

Level II Activities

7. Pay state and national dues of \$20 by October 20.
8. Submit Community Service Project Report for state competition.
9. Hold a March of Dimes or American Heart Association fundraiser. **Attach three (3) photos and a summary of the event.**
10. Include a local businessperson in a chapter activity or go on a local business tour. **Attach a description of name, position and activity.**
11. Include a professor/school official in a chapter activity (excludes adviser). **Attach a description including their name, position, and activity.**
12. Have a state or national officer attend a chapter meeting in person or virtually. (State officers may not visit their own chapter) **Attach a description including their name, position and activity.**
13. Increase local chapter membership by 10%.
14. Submit a report of a chapter activity to local media and to the state office for publication. **Attach a copy of the article from the media and the original word document.**
15. Have at least one member attend the National Leadership Conference. **Attach a short description of the activity.**
16. Have at least one member attend the FBLA Collegiate Career Connections Conference. **Attach a summary and three (3) photos of the conference.**
17. Visit with a local FBLA chapter about the benefits of joining FBLA Collegiate. **Attach three (3) photos and a summary of the visit.**
18. Hold an event to promote FBLA Week. **Attach three (3) photos and a summary of the event.**
19. Conduct a local officer installation ceremony. **Attach a short description of activity.**
20. Hold a chapter/member recognition event. **Attach a short description of activity.**
21. Nominate a chapter member for the Member of the Semester recognition. **Attach a list of name(s) of members nominated.**

Postmark this form, along with supporting documents, by designated date to:

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Bismarck, ND 58505-0610



Bridging the Gap Award

Chapter:	
Chapter President's Signature:	
Adviser's Signature:	

Names of FBLA Members who liked/followed ND FBLA Collegiate on Facebook or Instagram:

1. _____
2. _____
3. _____

Experience Summary:

Remember to include a picture from the visit with this form

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ND FBLA Collegiate State Leadership Conference Hotel Reservation

Conference Dates
April 7-8, 2024

Reservation Cut-Off Date
March 7, 2024

PLEASE NOTE: This is the official conference hotel for this conference and reservations should be made here using the conference rate.

1. A block of rooms has been reserved at the conference hotel (rooms will be released on March 7). Reservation requests and rooming lists must be emailed to Chelsey at chelsey@ganglhospitality.com.
2. Schools requesting direct bills must contact Chelsey (chelsey@ganglhospitality.com) to setup in advance.
3. Any reservation changes after March 7 must be made with Chelsey.
4. Check-in time will be 3 pm.
5. Check-out time will be 11 am.
6. Be sure to indicate how many nights your chapter will be staying (1 or 2)
7. Room rates (excluding tax) for a standard room per night are at the prevailing state rate (currently \$96.30 single, \$107 double)
8. Please bring tax exempt ID number, if applicable, to receive a tax-free room rate. You can also provide this to Chelsey in advance.

Name of School, City:		Number of rooms to reserve:		
Arrival Date:		Departure Date:		
Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Bill				
NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room A	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		
NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room B	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

SEND CONFIRMATION TO:

Name		Phone
Address		Email:
City	State	Zip

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room C	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room D	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room E	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room F	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		